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Client Background Information

Please answer all of the information as completely as possible. Information given is strictly confidential and beneficial in providing the best possible service. Feel free to ask for assistance, if needed.

Child's Name: _____ Today's Date: _____

Parent's Name _____ Will attend sessions with child? Yes No

Mailing Address: _____
City State Zip

Home Phone: _____ Parent's Work Phone: _____
(May leave message: Yes No) (May leave message: Yes No)

Parent's Cell Phone: _____ Other Phone: _____
(May leave message: Yes No) (May leave message: Yes No)

Date of Birth: ____/____/____ Age: ____ Grade: ___ Father's Age: _____ Mother's Age: _____

Parent's Current Marital Status: (Circle one) Never Married Married Separated Divorced Widowed

Parent's Highest Education Completed: HS diploma GED Associates Bachelors Masters Doctorate

Mother's Employer: _____ Occupation: _____

Father's Employer: _____ Occupation: _____

Church: _____ Is your Christian faith an important resource? _____

Have you ever seen a mental health professional (psychiatrist, psychologist, or a counselor)? Yes No

If yes: Previous Mental Health Professional/Agency_____

Where:_____ Dates of Service _____
(beginning - ending)

Have you ever been hospitalized for mental health concerns? Yes No

If yes: When _____ Where: _____

*** GENERAL INFORMATION ***

List by Household your current family (excluding self):

Name	Age	Gender	Relationship to you (include step, half, etc.)

Currently involved in a custody dispute: No Yes (If yes, please explain.) _____

_____

*** CLIENT'S HEALTH ***

Primary Care Physician: _____
Name Phone

Physical Disability: Yes No (If yes, please explain.) _____

Chronic Illness: Yes No (If yes, please explain.) _____

Terminal Illness: Yes No (If yes, please explain.) _____

What medication are you currently taking?

Medication	Dosage	Taken for what reason?

*** FAMILY HISTORY/EXPERIENCES ***

Current Family Stressors: (Mark all that apply.)

Chronic illness of family member _____ Death of significant person _____
Domestic _____ Violence _____
Family member absent (explain) _____
Family member disability/major accident/illness (explain) _____
Family member emotional problems (explain) _____
Financial Problems ___ Moved a lot _____ Frequent Arguing _____ Divorce _____
Other _____

History of emotional/behavioral problems: Yes No
(If yes, please explain.) _____

History of alcohol/drug/substance abuse: Yes No
(If yes, please explain.) _____

History of family violence: Yes No
(If yes, please explain.) _____

History of criminal activity: Yes No
(If yes, please explain.) _____

*** CURRENT CONCERNS ***

Please mark the following items that apply.
(Use initials of child and/or family members to differentiate current concerns.)

_____ Abuse (physical, emotional, sexual)

_____ Adjustment to life changes (moving, getting married or divorced, aging, etc.)

_____ Drug or alcohol use (both legal and illegal drugs)

_____ Eating problems (purging, bingeing, overeating, hoarding, severely restricting diet)

_____ Family or Stepfamily relationship problems

_____ Feeling angry or irritable

_____ Feeling anxious (nervous, clingy, fearful, worried, panicky, obsessive-compulsive, lacking trust, etc.)

_____ Feeling sadness or depression NOT related to grief

_____ Feeling sadness or depression related to grief

_____ Health concerns (physical complaints and/or medical problems)

_____ Illegal behaviors (runaway, stealing, fire setting, truancy, etc.)

_____ Non-family relationship problems (co-workers, peers, etc.)

_____ Parent-Child relationship problems (discipline, adoption, single parent, etc.)

_____ Sexual concerns (inappropriate acting out, pornography, etc.)

_____ Sleep problems (nightmares, sleeping too much/too little, etc.)

_____ Suicidal Ideation (thoughts of death, wanting to die)

_____ Unusual behavior (bizarre actions, speech, compulsive behaviors, tics, motor behavior problems, etc)

_____ Other (explain) _____

Briefly describe the problem that has brought you into therapy.

_____

_____

_____

How were you referred?

_____

_____

Parent's Signature on behalf of minor child Date